



DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE



# Behavioral Health Financing State/Local Role and Non-Medicaid Workgroup

Meeting 2  
Wednesday – June 13, 2012



DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE



## Agenda

- Webinar Ground Rules
- Recent Meeting Updates
- Subgroup Moving Forward
- Supporting Attachments
- Funding Snapshot
- Overview/Considerations for 11 BHI Criteria
- Discussion & Questions



## Webinar Ground Rules

- All presentations first
- Q & A following presentations
  - Webinar participants: please use the chat feature on your webinar screen to ask questions
  - If you're having difficulty hearing the meeting, please alert us by raising your hand using the 🙋 icon

3



## Recent Meeting Updates

- Our subgroup met last on May 13 to review our charge and discuss the role of state, local, and non-Medicaid (S/L/non-MA) entities for behavioral health integration (BHI)
- The BHI workgroup met last week on June 6 to learn about models implemented by other states and revisit the role of the subgroups

4



## Subgroup Moving Forward

- Our Role: Discuss how S/L/non-MA services influence 11 criteria, then use 11 criteria to test three models and share with Large Workgroup
- Tentative plan for scheduled meetings
  - Today: Discuss criteria broadly for S/L/non-MA
  - July 11: Discuss criteria in context of models
  - August 21: Discuss recommendations for Final Report
- Subgroup reports due late August/early Sept

5



## Supporting Handouts

You should have received several attachments that will inform our discussion today.

- Attachment 1: Services/functions by state, local, and non-Medicaid entities
- Attachment 2: De-identified comments to subgroup
- Attachment 3: MADC Proposal
- Attachment 4: Detail CSA Functions

6



## Attachment 1

Provide an overview of services/functions by state, local, and non-Medicaid entities based on data collected by the subgroup.

<b>I. Local</b>	<b>II. State</b>
<ul style="list-style-type: none"> <li>• Currently performing</li> <li>• Important to keep</li> <li>• Stop or refine</li> <li>• Include for integration</li> </ul>	<ul style="list-style-type: none"> <li>• Currently performing</li> <li>• Important to keep</li> <li>• Stop or refine</li> <li>• Include for integration</li> </ul>
<b>III. Non-Medicaid</b>	<b>IV. Medicaid (FYI)</b>
<ul style="list-style-type: none"> <li>• Currently offered</li> </ul>	<ul style="list-style-type: none"> <li>• Currently offered</li> </ul>

7



## Funding Snapshot

FY2012 funding managed by CSAs:

- From MHA \$52.5M (28% federal)
- From other sources \$37.1M
- **Total** \$89.6M

Local addiction dollars reported by jurisdictions:

- **Total** \$14.0M

8



## Eleven BHI Criteria

The criteria will be used to evaluate our three financing options.

1. Best ensures delivery of the right service, in the right place, at the right time, by the right practitioner
2. Best ensures positive health outcomes in behavioral health and somatic care using measures that are timely and transparent
3. Best ensures preventive care, including early identification and intervention
4. Best ensures care across an individual's lifespan
5. Best ensures positive consumer engagement

9



## Eleven BHI Criteria

6. Best aligns with treatment for chronic conditions
7. Best ensures the delivery of culturally and linguistically appropriate (CLAS) and competent services that are evidence-based and informed by practice-based evidence
8. Best ensures that the system is adaptable over time, as other payment and delivery system reforms occur, without loss in value or outcomes
9. Best ensures program integrity and cost-effectiveness
10. Best ensures administrative efficiencies at state, local, plan, provider, and consumer/family levels
11. Best ensures seamless transitions as service needs change, and as program eligibility changes

10



## Considerations for BHI Criteria

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable over time			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

11



To best ensure **right service, time, place, practitioner**, what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable over time			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

12



To best ensure **positive care outcomes** with **appropriate measures** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable overtime			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

13



To best ensure **preventive care** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable overtime			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

14



To best ensure **care across an individual's lifespan** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable over time			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

15



To best ensure **positive consumer engagement** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable over time			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

16





To best ensure **treatment for chronic conditions** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable overtime			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

17

Where are we?



To best ensure **culturally and linguistically appropriate, evidence-based services** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable overtime			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

18

Where are we?



To best ensure **services that are adaptable over time** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable over time			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

19



To best ensure **program integrity and cost-effectiveness** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable over time			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

*Where are we?*

20



To best ensure **administrative efficiencies at multiple levels** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable overtime			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

21

*Where are we?*



To best ensure **seamless transitions and continuity of care** what functions should be done...

- At the STATE level?
- At the LOCAL level?
- Outside of MEDICAID?

#	To best ensure...	State	Local	Non-MA
1	Right service, place, time, practitioner			
2	Positive, measurable outcomes			
3	Preventive care			
4	Care across individual's lifespan			
5	Positive consumer engagement			
6	Treatment for chronic conditions			
7	CLAS that are evidence & practice-based			
8	Adaptable overtime			
9	Program integrity and cost-effectiveness			
10	Admin. efficiencies at multiple levels			
11	Seamless transitions and continuity of care			

22

*Where are we?*



## Discussion & Questions

23



## BH Integration Email & Comments

- To get on the Behavioral Health Integration e-mail list, write to [bhintegration@dhmh.state.md.us](mailto:bhintegration@dhmh.state.md.us)
- All comments regarding the State/Local Role & Non-Medicaid Workgroup should be sent to the above email with "State/Local" in the subject line.

24